

## Attachment A:

### Protective Actions – Approved Restraint Techniques

Type of Restraint	Force Category	Purpose	When Used	Expected Effects	Medical	Procedure
Transport Wrist Lock	Soft empty hand control	A method of controlling an unco-operative person through the principles of pain compliance	When a person resists by bending their elbow and pulling the forearm away. Pressure is applied to the wrist joint.	Immobilisation of the affected arm. Medium to high levels of pain.	<p>Correct use: No medical complications (be aware of pre-existing injuries and developing bones structures)</p> <p>Excessive use: Stretching of the extensor tendon. Possible rupture of the extensor mechanism of the hand.</p>	<p>Commence with your hands in the V grip position on the young person's arm.</p> <p>Slide your right forearm inside the young person's elbow and use this arm to pull the young person toward you, displacing his/her balance.</p> <p>As the young person's elbow stops against your ribs, begin compressing his/her wrist by bending it at the fist, bending the palm toward the inner forearm.</p> <p>While stabilising the young person's elbow between your forearm and side place your right hand on top of your left hand and compress the young person's wrist downward until compliance is achieved. Continue to give loud, clear commands to the young person. Once the young person complies pressure <b>must</b> be eased but the wrist-lock maintained.<sup>54</sup></p>
Straight Arm Bar	Soft empty hand control	A method of controlling an uncooperative young person using the principles of pain compliance and decentralisation.	When the young person is pushing or pulling away presenting their arm locked out in resistance. Pressure is applied to the elbow and	Young person is controlled through immobilisation of the affected arm.	<p>Correct use: No medical complications</p> <p>Excessive use: Disruption of the shoulder's rotator cuff</p>	<p>Commencing in the escort position, pull the young person's left arm across your body towards your left hip, decentralising his/her balance.</p> <p>Slide your right forearm to the rear of the young person's lower triceps. This action hyper-extends the young person's elbow and shoulder joint. Use your body weight and the 'bony blade' of your forearm, as you push downwards towards the ground. Step forward and widen your stance to maintain hyperextension, of the young person's elbow and shoulder joint.</p>

<sup>54</sup> Page 20-21 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

Type of Restraint	Force Category	Purpose	When Used	Expected Effects	Medical	Procedure
			shoulder joint.			Upon grounding the young person, maintain grip to their bent wrist and drop your knee closest to them onto the ground, securing close into the body. Continue to give clear loud commands, any resistance, resume pain by applying pressure at the wrist and triceps. Upon compliance ease the pressure but don't release the grip. <sup>55</sup>
Reverse Wrist Lock	Soft empty hand control	A method of controlling an uncooperative person through the principles of pain compliance.	When the person's hand is near their side and staff can approach from the escort position. Pressure is applied to the wrist joint.	Expected effects: Immobilisation of the affected arm. Medium to high levels of pain.	Correct Use: No Medical complications Excessive Use: Stretching of the extensor tendon. Possible rupture of the extensor mechanism of the hand.	When approaching from the escort position use your outside hand to grasp the back of the young persons hand whilst your thumb wraps around the lower part of their thumb. Simultaneously step through with or (sic) other arm going between their arm and body. As the arm goes through, turn their wrist until the palm is turned skyward. Lift captured hand up until the arm has a 90 degree bend. Secure the young person's wrist with both hands, whilst keeping their arm locked at 90 degrees in such a way that the arm is secured. The escort is immediately commenced and verbal directions are given. Where possible, re-adjust your hands so that the hand furthest from the young person is on top and therefore able to defend against any attack from the non-controlled arm, to open doors etc. <sup>56</sup>
Two Person Take Down	Soft empty hand control	This is the same method as a Straight Arm Bar with an officer securing each arm.				Both officer's are coordinating between themselves to ensure the young person is ground stabilised effectively. For safety reasons a third person will secure the shoulders when going to ground, to eliminate any possible injuries during practice. <sup>57</sup>

<sup>55</sup> Page 22 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

<sup>56</sup> Page 22-23 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

<sup>57</sup> Page 23 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

Type of Restraint	Force Category	Purpose	When Used	Expected Effects	Medical	Procedure
Three Person Room Removal		Room removal of an individual is usually performed by a primary team of three Youth Workers/staff, with other Youth Worker providing back-up as necessary.			Note: Positional Asphyxia can occur when body position interferes with respiration. This occurs where a person is severely restrained. The person will become inactive after several minutes, exhibit respiratory difficulties and stop breathing. <sup>58</sup>	<p>The central Youth Worker/Staff of this three-person team should take command. He/she is to give instructions to his/her assisting Youth Workers/staff and also to the young person. This avoids any uncertainty by the young person receiving conflicting directions. The central Youth Worker/staff of this team is referred to as Number 1, the assisting youth workers become number 2, and 3 respectively.</p> <p>Number 1 Youth Worker, communicates with young person to cease his behaviour or force will be used to relocate to another area (104-4/5.7) Whilst this is performed youth worker 1 is observing young persons body language and any possible weapons, or obstacles (wet floor, shampoo etc) which may impede the teams performance.</p> <p>Using a soft restraint pad, the team positions themselves in a triangle formation with number 1 in front securing the pad, number 2 and 3 directly behind number 1.</p> <p>As the team enters the room approaching the young person, number 1 secures the young person against the wall with the soft pad. Number's 2 and 3 peel off from behind number 1 to secure both arms. A two person take down procedure is performed at this point with number 1 youth worker supporting the shoulders after discarding the soft shield. The young person is transferred from wall to floor.</p> <p>Number 1 youth worker instructs youth workers 2 and 3 to secure young persons arms behind the back while maintaining a wrist lock. Number 1 youth worker is communicating with young person and assessing his/her condition. (refer – note potential asphyxia).</p>

<sup>58</sup> Page 24-25 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

Type of Restraint	Force Category	Purpose	When Used	Expected Effects	Medical	Procedure
						<p>Numbers 2 and 3 move into transfer position this is achieved by threading one arm from under the shoulder through to the wrist lock at the back. Number 1 proceeds to place both hands on young person shoulders and with clear directions instructs the young person to come to their knees which number 1 is assisting the young person by pushing backwards. (note: youth workers 2 and 3 are not to apply any lifting pressure to young persons shoulders). (At this point number 1 has an option to transport young person in this position with hands at the back or as follows.)</p> <p>Number 1 instructs number's 2 and 3 to transfer their holds into transport wrist locks. Once this is complete and young person is secure. Number 1 instructs young person to rise to his/her feet and keep knees bent. If young person is prone to spotting, number 1 maintains head control (one hand on back of head chin to chest).</p>
Three person room insertion					<p>Note: Positional Asphyxia can occur when body position interferes with respiration. This occurs where a person is severely restrained. The person will become inactive after several minutes, exhibit respiratory difficulties and stop breathing.<sup>59</sup></p>	<p>Number 1 instructs young person to get down on his/her knees. Numbers 2 and 3 change their holds from transport wrist lock to straight arm bar and proceed to place young person on the ground with Number 1 supporting shoulders. (number 1 ensures young person's head doesn't connect with the ground) Number 1 young worker instructs youth workers 2 and 3 to secure young person's arms behind the back while maintaining a wrist lock. Number 1 youth worker is communicating with young person and assessing his/her condition (refer – note positional asphyxia)</p> <p>Number 1 instructs the young person to lift a leg up and cross it over to the other leg. Young person is then instructed to raise that leg. Number 2 or 3 secures the</p>

<sup>59</sup> Page 24-25 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

Type of Restraint	Force Category	Purpose	When Used	Expected Effects	Medical	Procedure
						leg by grabbing the foot closest to them. Number one going around and secures legs. Number 1 secures each wrist lock behind the young person's back and instructs number 2 to secure the belt of number 1. Number 3 is instructed to secure the door on evacuation of staff from room. Number 1 gives the command "out" or counts 1, 2, 3 and both numbers 1 and 2 exit room with number 3 securing door after them. <sup>60</sup>

The Department provided details in relation to the incidents involving particular young people. This Attachment also provides a brief outline of the types of 'hold techniques'<sup>61</sup> used in the incidents. This information presents the various techniques in a slightly different way to the wording in the training package. This information is summarised below -

*Ground Stabilisation:* This is an approved technique used to bring a Young Person (YP) back under control by softly placing the YP face down on the floor and holding him/her in this position until he/she is settled.

*Transport Wrist Lock:* This is an approved technique which involves staff on either side of the YP each holding a hand bent at an angle with downwards pressure. Correctly applied, this hold does not cause pain unless the YP suddenly becomes resistant. Attachment 1 provided by the Department states that 'transport wrist locks when used appropriately are not used as a means of pain compliance'<sup>62</sup>

*Straight Arm Bar:* This is an approved technique which involves staff on either side of the YP each holding the wrist and elbow with downwards pressure. Correctly applied, this hold does not cause pain unless the YP suddenly becomes resistant.

*Room insertion:* This is an approved technique designed to place a resistant YP into a separation room in a manner which does not permit him to lash out, spit on, or otherwise assault staff. It is essentially a ground stabilisation process with an additional exit manoeuvre.

Although attachment 1 states that the transport wrist lock and the straight arm bar technique do not cause pain 'unless the young person suddenly becomes resistant' the Training Package seems to indicate that that the purpose of the techniques are focused on 'pain compliance' and the stated expected effects of the transport wrist lock are . The training package outlines that the expected effects of the transport wrist lock, straight arm bar and reverse wrist lock are medium to high levels of pain<sup>63</sup>.

Regardless of whether the particular techniques can be properly termed 'pain compliance/management' techniques, there is still a significant issue in terms of the appropriateness of these techniques in a youth detention environment. There is also the potential issue that even if these techniques are considered to be appropriate in certain, limited circumstances it may be that excessive force is being used when these techniques are applied to young people, leading to young people sustaining serious injuries.

<sup>60</sup> Page 26 of the Protective Actions – Induction Training Package, provided by the Department to the Commission on 1 September 2010.

<sup>61</sup> Attachment 1, page 1, provided by the Department of Communities on 1 September 2010.

<sup>62</sup> Attachment 1, page 5.

<sup>63</sup> Page 42 and page 46 of the Protective Actions, Participant Course Notes.